LIU & LIU ATTORNEYS AT LAW

CITIGROUP CENTER, SUITE 1750
444 SOUTH FLOWER STREET
LOS ANGELES, CALIFORNIA 90071 USA
TEL: (213) 830-5740
FAX: (213) 830-5741

www.liulaw.com

RECEIVED CENTRAL FAX CENTER MAR 2 7 2007

This i	facsin	mile contains con	fidential information v	vhich may also be	privileged. Unless
⊠ Urg	gent	☑ For Review	☐ Please Comment	☑ Please Reply	☐ Please Recycle
	Our	Docket No.: 1179/2	14 ·	····	
Rei	Seri	al No.: 10/668,801	CC:		
Phone) 		Date:	3/27/07 2:21 PM	
Fax:	(571) 273-8300		Pages	s: 4	
	(0)				
To:	(GA	U 3737) USPTO	From:	Julie Nguyen	

you are the addressee (or authorized to receive for the addressee), you may not copy, use, or distribute it. If you have received it in error, please advise Liu & Liu immediately by telephone or facsimile and return it promptly by mail.

Comments:

Please see the attached (3) Power of Attorney and Correspondence Address Indication Forms for the above-referenced U.S. patent application.

MAR 2 7 2007

PTO/63/81 (01-06)

Approved for use through 12/31/2008, OMB 0551-0036

U.S. Petern and Trademark Office; U.S. DEPARTMENT OF COMMERCE

U.S. Petern and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Unit or the Preservork Reduction Act of 1895, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Application Number | 10/668 801 09/23/2003 POWER OF ATTORNEY First Named Inventor 'Ho et <u>al</u> and RAPID & NON-INVASIVE OPTICAL ... Title CORRESPONDENCE ADDRESS Art Unit 3737 INDICATION FORM Examiner Name Kjoh, James M. Attorney Decket Number 1179/2<u>14</u> I heret y revoke all previous powers of attorney given in the above-identified application. I heret y appoint 26588 P perisoners associated with the Customer Number. OR P actitioner(s) named below: Registration Number Name as my/or if atterney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Petent and Trademark Office connected therewith. Please recognize or change the correspondence address for the above-identified application to: • The address associated with the above-mentioned Customer Number: The address associated with Quatemor Number: Firm or Individual Name A Idress State Zip ᅙᄧ C juntry Tolephone Email Am the 1 AppRoant/Inventor Assignes of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96) SIGNATURE of Applicant or Assignce of Record Signatur Date March _ 2 2, 2007 Name Wineton Z. Ho Telephone Title and Company Applicant of Record NOTE: SI matures of all the inventors or assigness of record of the entire inverse or their representative(s) are required. Submit multiple forms if more than one forms are submitted. This collection of information is required by 37 CFR 1.31, 1.32 and 1.32. The information is required to obtain or retain a penetik by the public which is to file (and by the USPT 2 to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete with the USPT 2. The will vary depending upon the including case. Any complete or or other control of the your require to complete into the uspectation for reducing this burder, should be sent to the Chief Information Officer.
U.S. Fars till and Information Collection of Complete the Chief Complete Collection of the USPT 2. The will vary depending upon the including case. Any Complete the Chief Information Officer.
U.S. Fars till and Information Collection of Complete Collection C

if you need assistance in complating the form, call 1-800-PTO-9199 and select option 2.

FORMS 10 THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1460, Alexandria, VA 22213-1450.

BEST AVAILABLE COPY

MAR 2 7 2007

			11.C D-L	AP)	woved for use th	ough 12/3	#T0/55/61 (01-0 1/2008, OMB 0651-00: MENT OF COMMERC
Under the Paper	verk Reduction Act of 1998, no persons are re	driled to u	epond to a collect	रिका र्ज निकार	ation unless it di	splays a va	MENT OF COMMERC
			Application Number		10/668		
POWI	ER OF ATTORNEY		Date		. 09/23/2		
1	and		Named Invento	7F	Ho et a		
CORRESP	PONDENCE ADDRESS	Title				/IBAVNI-	Æ OPTICAL
IND	ICATION FORM	Art U			3737		
,			Iner Name		Kish, James N	ī	++-
	T	ATTO	ney Docket Nu	mber	179/2	4	······································
I hereby revoke a	all previous powers of attorney g	iven in t	ne above-ide	entified a	oplication.		
I hereby appoint:							
			000				
Practitioners at	associated with the Customer Number:	Ì	265	588	i		
OR		<u> </u>			النــــــــــــــــــــــــــــــــــــ		
<u> </u>				•			
Practitioner(s)	named below;						
	Name			Reg	Stration Num	er	 1
						·	
as my/our attorney(a)	or agent(s) to prosecute the application	Identified	above, and to tr	ransact eA	pusiness in the	United S	tates Patent and
Trademark Office con	nected therowin.						
	hange the correspondence address for t	ovods ed	identified applic	≔tion to:			
The sublesses	associated with the above-mentioned C						
OR OCCIOSA	Caraciana Mith Mic Score-lifetification	vestamer i	ARIMOEL.		 3 · · ·		
The address	associated with Customer Number.]		
Firm or	***						
Individual	Name					•	
Address							
·							
City		,	etet3			Zip	
Country							
Telephone			Email				
I am the:			•				
Applicant/Inv	ontor.						
	ocard of the entire interest. See 37 CFR						
Statement un	der 37 CFR 2.73(b) is enclosed. (Form	PTOISUS	6)				
,	SIGNATURE of	Applican	of Assignee o	Record			
Signature		<u> </u>			Date	March	<u>27</u> , 2007
Name	Fu-Nen Wang	8	,1		Talaphone		-
Title and Company	Applicant of Record						
NOTE: Signatures of all t	he inventors or assignees of record of the exti	ne interest o	r Bheir representat	(ive(s) are re	quired. Submit r	Tulifple for	na if mare than one
algnature la required, see	below.						· · · · · · · · · · · · · · · · · · ·
"Total of	forms are submitted.						
This collection of informat	ion is required by 37 CFR 1.31, 1.32, and 1.3	3. The info	madon is require	d to obtain o	r retain a benefit	by the put	tic which is to file (end
the USPTO to process) a to complate, including gar	in application. Confidentially is governed by unoring, preparing, and submitting the comple	35 U.S.C red applica	122 and 37 GER than form to the U	1.11 and 1.	14. This edilect	ion is cella	nated to take 3 minute the individual case. A
comments on the amount	t of time you require to complete this form an ark Office, U.S. Department of Commerce, I	Yd/or eugge	ations for reducing	a this burde	should be ser	t to the Ch	er Information Officer
FORMS TO THIS ADDRE	ESS. SEND TO: Commissioner for Pate	nts, P.Q.	Box 1460, A(n)	andria, V	22313-1450.	JENU PE	es on complete
	If you need essistence in completin	d the form	. CBH 1-800×PT1	O-9199 pm	i malaci nation	2	
	344 Hodd constitute in collibration	e me with	, aem uoun-1	√- ₽133 ₩/∏	sereur opnen		
		•					
							,

RECEIVED..... **CENTRAL FAX CENTER**

MAR 2 7 2007

BEST AVAILABLE COPY

	•			An	mound for use t	hrough 12	2-10) 18482VOTP 18-18-00 EMD ,800\$\15\5
Lindae the Denan	und Det alles for al 1000 an annual and		U.S. Pr	ileni and Trad	lemark Office: U	BIDEPA	RIMENT OF COMMERC
CINON 100 Papar	vork Reduction Act of 1995, no persons are re	Applicati	on Numb	iat Sijav o <u>r injoli</u>			valid Chre control numb
POW	ED OF ATTORNEY	Filing Dai		·····	10/668	2001	
FOW	ER OF ATTORNEY	Firet Nam	ed Inven	itor	09/23/		-,, -
600000	and .	Title			Ho_et_		SIVE OPTICAL
	PONDENCE ADDRESS	Art Unit			3737	- I	STAC OF TIONE
IND	DICATION FORM	Exeminer	Name		Kish, James	ul	
		Alloring	Docket N	umbor	1179/2		
I harmbur savadra					·	1	
	all previous powers of attorney g	iven in the a	pove-k	tentified a	pplication.		
hereby appoint:						Τ	
Practitioners a	ssociated with the Customer Number:	ĺ	26	588			
1	equation and an equation of the contract.	ļ	20	400	1		
OR					:		
Practitionar(a)	hamed below:						
					i		
	Name			Re	gistration Num	per	
- : -						-	
 	· · · · · · · · · · · · · · · · · · ·			· · · · · · · · · · · · · · · · · · ·			
<u> </u>					i		
						_1	
as my/our attorney(s) Trademark Office con	or agent(s) to prosocute the application	identified abov	e, and to	trensact all	business in th	Della	States Patent and
						+	
Please recognize or o	hange the correspondence address for t	ha above-iden	tified app	ication to:	:		
The address	associated with the above-mentioned C	ustomer Numi	ser:		:		
OR	Ì				<u> </u>		
The address	North				l:	ŀ	
OR OR	s associated with Customer Number:				·		
Fittn or			-		 :	+	
Individual	Name						
Address							
					!		
City			State	<u>L</u>	. :	Zip	
Country						Ι	**
Telephone		·	Email				
lam the:					:		
Applicant/Inv	entor.				:		
Assignee of r	ccord of the entire interest. See 37 CFR	3.71.			:		
Statement un	der 37 CFR 3,73(b) is enclosed. (Porm F	TO/SB/96)				<u> </u>	
	SIGNATURE OF A	Applicant or A	asignop	of Record			
Signature	LAKAK				Date	Marc	h 2/2/2007
Name	Bo Young Suh				Telephon		23-494-9750
Title and Company	Applicant of Record	· · · · · · · · · · · · · · · · · · ·					
NOTE: Signatures of all th	no inventors or assignees of record of the entire	e interest or their	represent	ative(s) are re	quired, Submit r	nuttole fo	rms If more than one
aignature is required, and	DCIOW",					+	
Total of	forms are submitted.						
the vorion process) a	ion is required by 37 CFR 1.31, 1.32 and 1.33 in application. Confidentiality is governed by thering, preparing, and submitting the complete	35 U.S.C. 122 (and 37 CF	R 1,11 and 1.	14. This collec	don is es	(imated to take 3 minute

completes an endering strengthing, properties, and submitted and completed application from the 19710. Time will vary depending upon the individual case, an endire suggestions for reducing this burden, should be seen to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistence in completing the form, call 1-800-PTO-9199 and select option 2.